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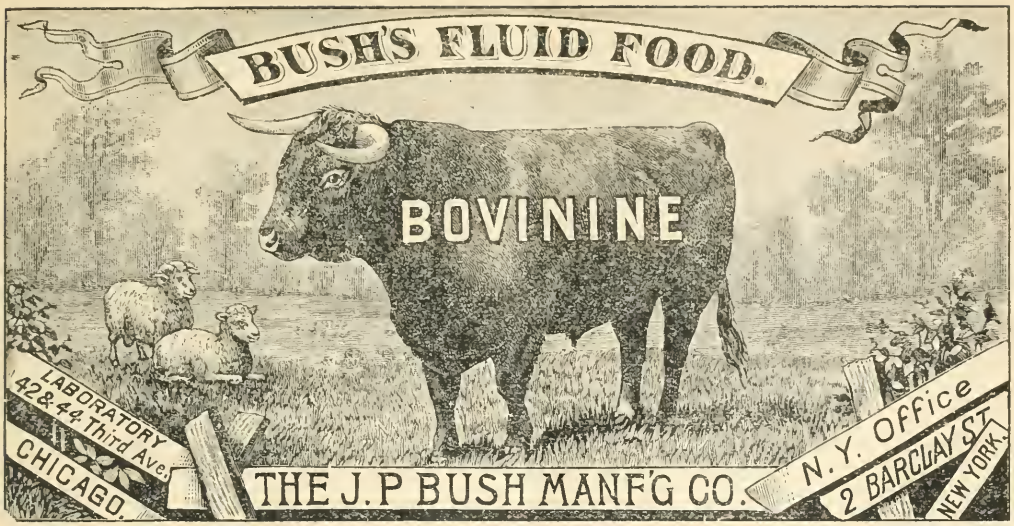

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CONTENTS.

COMMUNICATIONS.

A Year's Experience with Apostoli's Method, with reports of cases..... 241

PROGRESS OF SCIENCE.

Injection to Destroy Oxyuris Vermicularis..... 249
Texas to the Front..... 249
Black Eye..... 249
To Render Santonin Very Active..... 249
The Utilization of Garbage..... 249
Noted Case of Drowning..... 249
Joy Among the Convicts..... 249
Camphoric Acid as an Antiseptic..... 249
Hydronapthol as an Antiseptic..... 250
The Cumulative Property of Bromide of Potassium..... 250
Tobacco Smoking..... 250
The Normal Man..... 250
Diphtheria Treated by Chloral Hydrate..... 250
Nitrate of Silver in Purpura..... 250
Salicylate of Mercury in Veneral Diseases..... 251
Digitalis in Croupous Pneumonia..... 251
Membranous Croup..... 251
Oedma as a Diagnostic Sign in Carcinoma of the Stomach..... 251
The Abortive Treatment of Gonorrhœa..... 252
Vibration in Cycling..... 252
What Shall we Feed Women After Confinement?..... 252
Smell of Sound Meat..... 253
Sutures and Ligatures Within the Abdomen..... 253
Antiseptic Irrigation for Chronic Synovitis..... 253
A New Elixir of Life..... 254
Treatment of Diphtheria..... 254
Chest Percussion Dont's..... 255
Syphilitic Phthisis..... 255
Function of the Coccyx in Labor..... 255
Early Signs of Pregnancy..... 256
Gonorrhœal Diseases of the Uterine Appendages..... 257
Prognosis of Heart Disease..... 258
Papers Promised for Meeting of C.M.A., at Banff, Aug. 12th-14th..... 259
Suicide Through Reading Quack Literature..... 259
Our Medical Charities..... 259
Diagnosis and Treatment of Tubercular Peritonitis..... 260
Counter Irritation in Whooping Cough..... 260

EDITORIALS.

C.M.A., Banff..... 261
Meeting of Medical Association..... 261
Strength in Union..... 261
Brown-Sequard's Elixir of Life..... 262
College of Physicians and Surgeons of the Province of Quebec..... 262
Book Notices..... 263
Personal..... 264

A YEAR'S EXPERIENCE WITH APOSTOLI'S METHOD, WITH REPORTS OF CASES.

By A. Lapthorn Smith, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal. Surgeon to the Women's Hospital.

Having begun the use of Apostoli's method about the month of October, 1887, and having had an almost daily experience with it ever since, and some six months having elapsed since the termination of the year, I am, perhaps, justified in now laying my experience in this most interesting department of gynecological therapeutics before you. Before I began the use of it I had a somewhat too exalted opinion as to its value. This was followed by the usual reaction, and being brought face to face with a number of cases noted for their difficulty, I became a little discouraged. Later on, as the benefits of the treatment began to slowly but surely mount up with the increasing number of cases, a firm and lasting belief in its capabilities has been acquired. I mention these three phases of opinion of the treatment because I see around me evidence that my confreres, who are trying it, are going through the same stages. In the following remarks I shall endeavor to give the treatment its true and well-earned place, as I believe it is as much in its interest to avoid forming an erroneously high opinion of it as it would be to decry it altogether.

For the information of my brethren who are seeking knowledge as to the best method of going about this treatment, it might be well to lay before them a few points which experience has taught me. In several former articles I have given the Leclanche conglomerate cell as the source of electricity. I am now altogether willing to admit that the old pattern of Leclanche cell, with a porous cap, which can be purchased in quantities in the United States for about half a dollar apiece, is quite as good for this purpose; also that the improved Law battery will do equally well. I may state that thirty cells will give enough power for general use, owing to improvements which I shall shortly describe for conveying the current to the morbid growth. The cells should be arranged with the zincs pointing to the right—the first zinc being attached to the second carbon and the second zinc to the third carbon, and so on. The beginner should remember that the wire from the first carbon is called the positive pole and the wire from the last zinc the negative pole.

The next question to be asked is: What is the best appliance for turning the current on and off? During the first year in which I used this method of treatment, I employed the Gaiffe current collector which I brought from Paris and which was similar to that used by Apostoli. But after hearing of the Bailey rheostat I procured one, and a very short trial of it convinced me that it was far superior to the Paris instrument. The disadvantages of the double dial collector of Gaiffe is that you have a wire going from each cell to the switchboard, so that you have as many sources of danger of a broken connection

as there are contact points. In the one I used there were 120 contact points and consequently 120 places at which the current might be accidently broken. This accident, in fact, has actually happened to me on several occasions.

Since I have adopted the Bailey rheostat, the current has always been turned on and off with perfect smoothness, and with it I have been able to make the finest possible adjustment from one to over two hundred milliamperes. Another defect of the switch-board collector is that the first ten or fifteen cells being used more than the next ten or fifteen, are run down to one half or a quarter of the strength of the latter, so that no matter what care be taken to run down all the cells equally, we cannot avoid occasionally striking a very weak or very strong cell; in some cases the difference in strength caused by adding another cell to the circuit being sufficient to cause an appreciable shock. With the Bailey rheostat all the cells are worked equally at the same time, so that, with ordinary use, the battery requires almost no attention during the first one or two years, and then all the cells must be re-charged together.

The Bailey rheostat is manufactured by the Law Telephone Company, Liberty street, New York. Should the ratchet on this instrument become too loose, it must be tightened up with the screw for the purpose, otherwise its weight might cause the carbons to drop an inch or two into the water without our wishing it.

We now come to the important question of the best galvanometer. My own experience has been limited to Gaiffe's instrument, of which I have two, one measuring from one to fifty milliamperes and the other from ten to two hundred and fifty. The former has of course proportionately larger spaces for each milliampere. I am in a position to state, from information which I have received from a number of correspondents in the United States, that the Gaiffe instrument is far superior in accuracy to any instrument so far manufactured in this country, although I can see no reason why such an instrument should not be made here. In the meantime, I can recommend anyone purchasing an outfit to obtain that part of it, at any rate, from Paris.

It might be well to mention with regard to the galvanometer than the needle which registers the strength of the current on the scale, is only a nickle one which is fastened at right angles to the real magnetic needle, which is concealed under the coil of wire. I mention this because some of my confreres who know where the north and south poles in their city were situated spent some time in vainly trying to get the needle of the galvanometer to point in those directions. It is also important that no steel instrument, such as dressing forceps or scissors, or any faradic machine, be allowed to lie near the galvanometer when it is in use. Care must be taken, too, that no magnetic machines be placed in its vicinity. A place should be chosen for it as far removed from iron pipes as possible. It is also desirable that the galvanometer be placed considerably below the level of the patient, so that, while sitting in front of her, we may keep our eye constantly on the needle.

The current having been led from the first carbon through the artificial resistance of the rheostat and then through the galvanometer, must now be made to enter the patient so as to encounter the least amount of friction, for friction means heat, and unless the surface of contact of the electrode with the skin be very large, a high power cannot be used owing to the burning and even vesication which it produces. In this consists one of the great secrets of Apostoli's success.

By means of his abdominal electrode of moist potter's clay, which adapts itself to the open mouth of every pore of the skin, the electrical current finds its way into the body through many thousand pores, and thus resistance to its entrance is reduced to a minimum.

Martin, of Chicago, has introduced a modified electrode of the same size, however, as Apostoli's, but differing from it in that instead of a flat cake of clay to which the pole is attached by means of a piece of zinc, a metal dish filled with water and covered with animal membrane is employed.

Engelman uses a piece of absorbent cotton loosely sewed to several thicknesses of tinfoil, to which the wire is attached. The advantage of Apostoli's clay is that its weight is sufficient to keep it applied closely to the skin ; but its disadvantages are that it is apt to soil the clothes, has a constant tendency to dry unless frequently very moistened, and fold when sceel

applied to the skin unless previously warmed, it being as good an abstractor of heat as it is a conductor of electricity. If it is warmed before its application, it is apt to dry up, while if it is immersed in hot water, it is apt to wash away.

Martin's electrode is neat and clean and if, when not in use, it is left with the animal membrance immersed in bi-chloride solution, it will not soon get an unpleasant odor or putrefy. Some of the water can easily be poured out each time and some boiling water introduced so as to make it pleasantly warm ; but, some day when we least expect it, and during an application, it will play us false, for a tiny hole will appear through which the contained water will escape over the patient's clothing. After this accident had occurred to me several times, I determined to discard the animal membrane and to employ a combination of Apostoli's and Martin's electrodes by filling Martin's metal dish with Apostoli's clay and covering it with one or two layers of gauze. The result has been all that I could desire. The clay, being contained in the metal dish, does not escape upon the patient's clothing and is not difficult to apply. Instead of mixing the potter's clay with water only, I have added from one-third to one-half of glycerine, which, owing to its great avidity for moisture, will always keep the clay wet, so that I am no longer in danger of finding that my clay has dried up during the night. As an extra precaution, I am in the habit of wrapping up my abdominal electrode in a large sheet of gutta percha tissue or oiled silk, into which I throw an ounce or so of water to supply the thirst of the glycerine.

This electrode weighs four or five pounds, which is sufficiently heavy to guarantee its close application to the abdominal integument and does away with the danger which I have several times experienced of the patient's suddenly removing her hands in order to gesticulate while talking to me during the application.

Martin's instrument is somewhat expensive, so that to meet the wants of those to whom expense was a consideration, I had the same thing manufactured by a local tinsmith for forty cents apiece, thus enabling me to have three or four ; some with projecting surfaces of clay for the abdomen of thin women, others with more or less hollow surfaces, according to the prominence of the abdomen or of any part of it. For instance, in a case where a large fibroid is projecting prominently, I applied an abdominal plate very much hollowed out, which fits on top of the the tumor like a cap. Any tinsmith can convert deep pie plates into Martin's electrodes by soldering on to the rim a corrugated flange and attaching a binding post and screw to the bottom of the plate. A piece of rubber tape or bandage must be fastened around the edge to prevent the metal from burning. The current having entered the body, we will suppose, by the abdominal positive pole, pours through like a fine, invisible rain from every part of the clay in a direct line towards the other pole, which, we will say, is the negative one in the uterus. If we could see it, it would look very like the spokes of a wheel running from the tire towards the hub. This will explain the condensation of force which takes place when the exposed surface of the electrode in the uterus is very much smaller than the surface on the abdomen and, for this reason, the electrode in the uterus is called the active pole.

When it is desired to produce a cauterizing effect, either positive or negative, this can be obtained by making the exposed surface in the uterus exceedingly small, for Martin has proved that it requires 50 milliamperes to one square centimetre of surface during a period of five minutes in order to obtain a cauterizing effect. Where a cauterizing effect is desired, there is every advantage in making the surface of the internal electrode as small as possible. But, *in cases where we wish to obtain the greatest possible inter-polar action*, we should make the internal as well as the external electrode as large as possible. Of course, if the internal electrode is connected with the positive pole, either gold or platinum must be employed, and the cost of these precious metals acts as a barrier to their being used. To overcome this objection, Apostoli has lately introduced graduated carbon electrodes containing one, two, three, four and more centimetres of surface, with which he is able to treat successively different portions of the intra-uterine mucous membrane. These carbon electrodes have another advantage in that they do not cauterize the cervical canal when it is our desire to only treat the lining membrane of the uterine cavity.

He has also invented another means of applying electricity to the interior of the uterus by

means of a substance called gelosine, a semi-solid vegetable material, which is injected into the uterus so as to touch the whole mucous membrane. It does for the interior of the uterus what the clay does for the abdomen—enlarges the surface of contact.

Dr. Goelet, of New York, has recently introduced a steel sound, which, owing to the peculiar manner in which it is prepared, is able to withstand the action of acids. As it is cheap and is a good conductor, it should supersede the costly platinum sounds and trocars which have hitherto been in use. I lay considerable stress on these points of diminishing the cost of necessary apparatus, as I have no doubt that the great expense of the armamentarium hitherto necessary has prevented many of the most wide-awake and progressive practitioners from possessing an outfit.

When the negative pole is used in the uterus the ordinary intra-uterine sound with a hole in the handle for connecting the wire from the negative pole is all that is required. I have a number of them curved to different degrees, always standing with their insulators in a carbolic solution, and I soon become familiar with the curves in the uterine canal of each patient and choose the sound which suits her best. If you have only one sound it soon becomes cracked by frequent bending. The negative pole is bathed in alkalies which only brighten its polish.

In dysmenorrhœa from stenosis of the internal os, the softening and dilating influence of the negative pole has been thoroughly established. In cases of fibroid in which the dysmenorrhœa is a more marked symptom than the bleeding, I also prefer the negative pole in the uterus, which I fancy can be tolerated stronger than the positive. But when there is hemorrhage the positive pole is decidedly indicated. Nevertheless, I have frequently observed the duration of menstruation to be rapidly diminished by the use of the negative pole. The positive pole also seems to have a more tonic effect on the system generally.

I now come to another point, namely, the necessity for irrigation before and after each application. During the first year I used this method I spent a great deal of time in giving each patient a vaginal antiseptic douche, not only before but after every application, and perhaps if one is apt to produce a lesion of the uterine lining membrane, it would be well to take that precaution; but having learned from several of my confreres, whom I have induced to adopt Apostoli's method, that they had modified without bad effects the rigor of his instructions, I have for the last few months been contenting myself with swabbing out the vagina with a one in a thousand bichloride solution before and after each application when the speculum has been used; or with ordering a weak sublimate injection to be given by the patient herself at her home before and after each application, when the speculum cannot be employed.

As for the duration and frequency of applications I have generally tried to give them every second day when I had time or as long as the patient was able to come. As a rule the treatment of out-patients is often enough interrupted so that it is unusual to be able to get on an average more than eight or ten applications a month. Most of my cases felt so well the next and following days after an application that they were anxious to come back. I have also noticed that the strength of current which a given patient could comfortably endure gradually increased with each application. No rule for the strength of current can be laid down. I give the patient all she can bear, but the moment I see by her face that she is beginning to suffer a little I reduce the current, as I do not think anything is to be gained by giving a current strength which they would have any reason to dread. Apostoli says in his work on treatment of endometritis (p. 74) "Could we not, in order to render the operation still more harmles if possible, and at any rate extinguish all operative sensibility, diminish the dose by lowering the intensity to 30 or 40 milliamperes for instance, and increase in proportion the duration of the application, in order to render always the same the sum of the electric outflow?" He answers this question in the negative in the case of endometritis, because in that particular disease it is the intense lacal action which is required. But in electrolysis I see no reason why 100 milliamperes for ten minutes should not be as effective as 200 for five minutes.

Indeed I believe that some way will yet be devised for passing a comparatively weak cur-

rent through the tumor day and night, and thus procure the electrolysis of the largest tumor in the course of a few days. As far as electrolysis is concerned 10 milliamperes during 100 minutes would be as effective as 100 milliamperes during 10 minutes. I have devised a plan by which a small battery is placed under the bed and the current is carried to the front and back of the tumor, but I have not yet been able to give this method an extended trial.

What about galvano punctures? Although my experience with them has been limited, I have seen enough of them to be able to say that the seldomer they have to be resorted to the better, and then only at the patient's home or at the hospital, but, with one exception, never at the office. First of all, because they are exceedingly painful, and, second, because the after condition of the patient is such as to cause considerable anxiety. In the case of Mrs. D. I tried galvano punctures many times before I was able to pass the sound, and I found that anything more than 30 milliamperes could not be borne for more than a minute or two. I also tried them many times in the case of Mrs. T., who was unable to bear more than 20 milliamperes without an anaesthetic. Besides the pain caused by the activity of the current being concentrated on so small a surface as the point of a trocar (for the electro-chemical action is always in direct proportion to the size of surface for a given milliamperage), there must also be taken into account the suffering caused by piercing the vagina and the sometimes very sensitive tumor itself. In many cases the patient cannot bear to have her tumor touched far less to have the trocar thrust into it. In any case, when a puncture is to be made it is well to have the tumor steadied by a firm hand on the abdominal wall to press it down towards the trocar. Even when an anaesthetic is employed and a sufficiently high current is turned on, say of 200 milliamperes for five minutes, powerful contractions of the intestines are set up, which continue long afterwards, amounting in some cases to torminae. These may be diminished, but not entirely avoided, by augmenting and decreasing the strength of the current very gradually and by administering a hypodermic of morphia previously. In the case of Mrs. T., who has an insuperable repugnance to the drug and refused to take it, these griping pains were terrible, and lasted for two days afterwards. By keeping the patient in bed for two days after the puncture and applying emolient applications to the abdomen and by giving antiseptic injections they are free from danger, and, in Apostoli's hands, are very successful.

Martin, of Chicago, never uses them, and I much prefer the intra-uterine applications, which are much safer and hardly at all painful. Some of my patients have frequently borne 250 milliamperes for five minutes without an anaesthetic. They are safer because they may generally be performed without causing the slightest lesion of the uterine mucous membrane. It is now a rare occurrence for me to draw one drop of blood when introducing the sound after the first application. But there is one case in which the intra-uterine applications are powerless, when the tumor lies altogether outside of the cone-shaped current, the apex of which is at the sound and the back at the clay. In three of my most obstinate cases all the morbid growth in the anterior wall of the uterus was absorbed, because I could feel the tip of the intra-uterine sound under my finger on the abdomen. In one of them, Madame D., I then began to place the clay electrode on the back, so as to take in the posterior half of the tumor between it and the sound, with the result that the posterior half of the tumor also rapidly disappeared. I think this observation, if correct, to be important, as it would explain why I and others have failed in certain cases to obtain absorption of the whole of the tumor.

As Mr. Tait and Dr. Bantock at a recent meeting of the British Gynecological Society made the statement that a fibroid tumor could not be electrolysed—that is, decomposed into its constituent elements by any amount of current which it was possible to bear, 200 milliamperes, for instance, for five minutes—I proceeded with my galvanometer and rheostat to an electro-plating establishment and interposed them in the circuit while the process was going on, when to my surprise I found that two and a half milliamperes was the greatest strength they ever employed. In fact, a copper article was completely coated with silver in five minutes with a current of that strength, which, on being weighed, showed that an equivalent of two grains of cyanide had been decomposed. Now if two grains are decomposed by two and a half

milliamperes in five minutes, 480 grains would be decomposed in 11 minutes by 250 milliamperes; so that 16 applications of 11 minutes with a current strength of 250 milliamperes would decompose one pound weight of the tumor. Whether a tumor outside of the body would lose that amount of weight in that time and with that current strength is a different thing, for in the living body, as is well known, there are the thousands of open-mouthed lymphatics ready to seize upon and carry away the products of decomposition, while in the dead tumor this would not be the case and the products of electrolysis would not be removed, so that the weight might not appear very different.

But besides the electrolytic action of the continuous current we have the remarkable effect which it has on the trophic nerves, an action which would lead us to believe that the electric current is very similar to the vital current. These trophic nerves preside over the quantity of blood flowing in the vessels and the interchange of material in the tissues, as well as the absorption of foreign matter by the lymphatics. We know that it very much depends on the amount of nervous influence which the cells receive as to whether they shall keep up to the normal or degenerate. From the consideration of the history of the cases of fibroids which have come under my notice I have been led to consider that fibroids are primarily due to defective vitality of the uterus accompanied by slowing of the circulation. And the difference between fibroids and areolar hyperplasia is only one of greater or less localization. Thus if an impediment occurs to the circulation of the uterus, and we all know how great these impediments are in the modern women, with their tight corsets, their heavy draperies, their engorged livers their constipated bowels and their want of exercise, if any of these causes prevent the blood from returning from the uterus it is dammed back in the uterine veins and arteries from which a fibroplastic material exudes. If the absorbents are active this may be carried off; if not, it will remain, and after a time become organized into white fibrous tissue. This, small as it may be, is a foreign body, and still further obstructs the circulation so that it goes on increasing. At last it reaches a size sufficient for the uterus to take cognizance of, when, as is customary with that organ, the intruder is promptly expelled either towards the peritoneum or towards the cavity of the uterus in the line of least resistance, dragging the vessels from which it was first exuded with it and from which it continues to receive its nourishment. In every case of fibroid which I have had under my care the patient had always been constipated and nearly all of them were of sedentary or intellectual occupations. Then again nearly all fibroids begin in the posterior half of the fundus where the circulation is the most difficult. Now the continuous current increases the nutrition of the part by hastening the circulation and interchange of tissue, in other words, acting as the best of alteratives, the exuded lymph goes back where it came from by virtue of the reversal of the defective vital action. Certainly *in the case of small fibroids the continuous current never fails to remove them*. This reminds me of an observation which I wish to record, that in many cases of fibroids there is a considerable œdema in the outside cellular tissue, into which the finger may be made to sink by a firm and continued pressure. Now when a fibroid begins to diminish under electric treatment, the first thing to go is the œdematous swelling, so that what seemed at first a single large tumor becomes resolved into a number of hard masses.

It is by the improvement in the circulation and consequently of the nutrition of the part that I would explain the marked relief of ovarian neuralgia by galvanism; for the best definition of neuralgia of which I am aware is that it is the cry of the nerves for better nourishment. But the relief of ovarian pain may be explained in another way. Those who operate for this condition tell us that they frequently find the ovaries and tubes compressed and bound down by a retracting plastic effusion; but owing to the stimulation of absorption these exudations are removed and the ovary is left free. The absorption of effusions by galvanic treatment has been observed by writers, not gynecologists, who have advocated this measure for the treatment of ascites.

In nearly every case of fibroid there is an atonic condition of the walls of the intestines which permits of their being distended with gas. A few applications of the galvanic current tone up the intestines, which expel their gaseous, liquid and even solid contents with a cor-

responding diminution in the abdominal distension. In nearly all my cases not only of fibroids but also of endometritis in which electricity has been employed the good effects of it on the constipation have been very pronounced.

This may, perhaps, be a good opportunity for repeating an opinion I never miss a chance of expressing, that *constipation is one of the prime factors in the majority of cases of diseases of women.*

I can hardly find a case in my note book which does not contain the note, bowels have always been confined. Surely I have not erred in teaching that the first step in any and every case of diseases of women is to get the bowels regular so as to remove the obstruction to the venous circulation.

There is one thing about Apostoli's treatment which every one who has given it a trial is agreed upon, and that is that it never fails to arrest hemorrhage in fibroids and endometritis. Now this is all that Mr. Tait claims to do by removal of the appendages, and although this operation in Mr. Tait's hands is almost devoid of danger, that does not make it easy or safe in the hands of the general practitioner under whose care the patients come. There is very little satisfaction to a woman who has been confined to her bed for years with exhausting hemorrhages, to be told that she can have them stopped by an operation which has only a small death rate in the hands of Mr. Tait. Even if she could be operated on by him she would not even then be sure of relief. On the other hand, several hundred cases are on record in which several years after treatment by Apostoli's method the arrest of the hemorrhage has proved to be permanent. I have the highest esteem for the diagnostic skill and manual dexterity of Mr. Tait, but I do not think he has been just to my friend and teacher, Apostoli, when he basis his belief in Apostoli's honesty and veracity upon the hearsay evidence of some of his Paris rivals rather than on his own personal investigation. How much better the course pursued by Sir Spencer Wells, who sent a trusty observer to spend a year with Apostoli in studying the value of the treatment, and on his favorable report, going over himself to verify his observations, and then publicly giving Apostoli his hearty endorsement. Apostoli may be enthusiastic, as all inventors are, and some may have over-estimated the value of his treatment, but the tendency of human nature to jog along in the old groove is so great that all his enthusiasm is more than needed in order to drag along the body of the profession in the march of so great an advance. I cannot close without protesting against the assertion that there is any danger connected with Apostoli's treatment. I have seen none during the two years that I have been using it many times a day. I had one narrow escape, when nothing but a kind Providence saved me and the credit of the method. A patient who had been treated by me was so enthusiastic about it that she brought a friend, who was a great sufferer, to undergo the same treatment. By great good luck I had been called out of town by telegram a few hours before and missed her. At eleven o'clock that night something gave way inside of her, and in a few hours she was dead. I have no doubt that if I had even seen her when she came to me, that I would have had to shoulder for all time one death under Apostoli's treatment. I have not only had no accidents, except one miscarriage which I reported, but every patient has felt better after the first application; and I candidly maintain that I do not see how a single death can ever be justly attributed to the method. It is the simplest and safest treatment of which I am aware, and it does not mutilate the patient for life, as do other methods of treatment, but it actually restores to her faculties and functions of which she had been previously deprived. I cannot trespass sufficiently on the space of this journal to report even briefly all my cases treated by this method, but I have taken twelve consecutive ones from my note book and condensed them as follows, but there are a great many others which I shall tabulate on a future occasion, of dysmenorrhœa, ovarian, tubal and uterine, of pelvic pain due to pelvic exudation, of ovarian neuralgia, of variocele of the broad ligaments, of prolapsus of the ovary and uterus from passive congestion of these organs, which have been either cured or relieved so much that the patient was satisfied. I do not deny that I have had one failure and a few partial failures, but I maintain that even these are rather owing to want of experience due to the newness of the method than to the inability of electricity to remove the pathological conditions. Before the 9th International Congress I

stated that electricity was useful in every disease of the female generative organs, with the exception of ovarian tumors and malignant disease. But I believe that at the next congress I will be able to remove epithelioma from the list of exceptions, having recently had sent to me a hopeless case of cancer of the uterus, on whom I determined to try the continuous current, and in whom half a dozen applications of the positive current have made such a difference in the whole aspect of the case that the patient believes that she is cured, in spite of my assurance to the contrary, and I am almost convinced myself that the disease has been arrested. What a reward for Apostoli's efforts to introduce his method if it should be found that it was reserved for his treatment to cure the one hopeless disease of women, cancer of the uterus.

Case I.—Mrs. S., 39, widow, artist; sent by Dr. Kennedy. Fibroid tumor since eight years. Messure symptoms had rendered her helpless and hopeless. After twenty-four applications during two and a half months, circumference of abdomen reduced six inches, and she is able to do all her work and enjoy life. Absolutely free from any subjective symptoms.

Case II.—Miss W., 40, single, cook; sent by Dr. Reddy. Hopeless invalid, fibroid completely filling pelvis. Dysmenorrhea and pressure symptoms on bowels and bladder agonizing. After three months' treatment was able to start a large boarding house, for which she caters and cooks, and enjoys robust health one year after treatment was concluded.

Case III.—Mrs. L., my own patient. Endometritis and perimetritis. Cured by ten applications of positive pole.

Case IV.—Mrs. L., 31, millipara; sent by Dr. Chown, of Winnipeg, with rapidly growing fibroids causing great pain, rendering her helpless. Growth arrested by thirty-five intra-uterine applications. One year later is in good health, able to do her own work and goes tobogganing.

Case V.—Miss C., 41, virgin. Metritis and ovaritis. Cured by nine applications of positive pole.

Case VI.—Miss McI., 41, virgin, cook; sent by Dr. Reddy. Large, rapidly growing fibroid, causing intense pain from pressure symptoms. Pain removed and tumor diminishing after forty-five applications. Has resumed work as a cook in a large family.

Case VII.—Mrs. D., 46, married, millipara; brought by Dr. Jeannotte with very large fibroid completely filling pelvis and extending above umbilicus. Had to be kept under morpha for eight days of every month for last ten years on account of dymenorrhea and pressure symptoms. After sixty-five applications, tumor reduced to size of an orange and patient absolutely cured of all symptoms. Six months after cessation of treatment Dr. Jeannotte reports to me that she menstruates like a young girl, free from the slightest pain, and enjoys life as she has not done for sixteen years. He also says that the tumor has completely disappeared.

Case VIII.—Mrs. H., carried into my office by Drs. Cleroux and Caisse and her husband, remaining in a faint for half an hour afterwards. Had a large, fibrous polypus completely filling the vagina, which, for a variety of good reasons, I was not allowed to remove with the snare. Has frequently fainted in bed from hemorrhage. After seven positive galvano punctures, polypus shrunk to half its size and patient regained color and strength, and hemorrhage ceased. Saw her four months afterwards in robust health.

Case IX.—Mrs. X., sent to me by kindness of Dr. Proudfoot. Had a six years' history of hemorrhages due to a fibroid, which compelled her to remain in bed ten days every month, during which she would often faint if she raised her head from the pillow. After twenty-eight positive intra-uterine applications, menstruation reduced to four days; no longer obliged to remain in bed during the periods; able to eat and sleep well, and able to go long walks while the flow was going on.

Case X.—Mrs. N., sent to me by Dr. Munro with cancer of the cervix, causing incessant metrorrhagia which had lasted one year in spite of the best treatment. The slightest touch on cervix would cause granulations to bleed profusely, and the tissues were so soft and friable that a terraculum would not hold in the cervix, which latter is so hypertrophied that it will barely enter between the extended valves of a Cusco speculum. After six applications, no pain, no hemorrhage; patient eats and sleeps well and able to work. Swelling of lips of cervix gone so that the two lips can be nicely approximated, revealing a very deep laceration, which was the starting point of the disease. Decided cancerous cachexia beginning to disappear. Patient declines further treatment, considering herself cured.

Case XI.—Mrs. G., sent to me by Mrs. Dr. Fuhrer, with a large, rapidly growing tumor. Suffers terribly from pressure symptoms and want of sleep. After first application pain left, and has not since returned, three months afterwards. Menstruation is now painless and lasts only three days, instead of ten, as formerly.

Case XII.—Miss B. Endometritis from cold; severe pain in womb and ovaries, with menorrhagia and dysmenorrhea. Eight applications of the positive pole cured the pain, stopped the leucorrhea, and reduced the period from ten down to four days.

In conclusion, let me urge those who are working with this method to allow nothing to discourage them, for every day they will learn better and better to overcome the difficulties which must always beset the way of those who start out on a new path. It was Apostoli's courage alone which was able to rescue this powerful treatment from being buried alive for another decade, and which has placed him at the head of the great and noble army of conservative gynecologists.—*Am. Jour. of Obs. Aug* '89.

Ink and rust stains are removed easily by a solution containing ten parts each of tartaric acid, alum, and distilled water. The solution has the trade name "enerivoir."—*Pharm. Ztg.*, 1889, 7.

Progress of Science.

INJECTION TO DESTROY OXYURIS VERMICULARIS.

The oxyuris vermicularis is said to promptly disappear with injections per rectum of cod liver oil, pure or made into an emulsion with the yolk of an egg. It is non-irritating, and is said never to have failed to effect a cure.

TEXAS TO THE FRONT.

Professor of Materia Medica (lecturing on tannin)—"And, by the by, gentlemen, tannic acid is the antidote to the poison of the mushroom; can any of you explain its action?"

Texas Student—"T-t-think I can, professor!"

"Well, sir, explain to the class the chemical reactions that occur and how tannin acts as antidote to the poison of the poisonous mushroom."

"It f-f-forms the t-t-tannate of m-mush, and leaves room in the s-s-stomach."—*Texas Medical Journal.*

BLACK EYE.

There is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum arabic and with the addition of a few drops of glycerin. This should be painted all over the bruised surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck.—*N. Y. Medical Times.*

TO RENDER SANTONIN VERY ACTIVE.

Santonin does not dissolve freely in ordinary alcohol, ether or the fixed oils. Complete solution is obtained by treating as follows: Crystallised santonin, 1 gm.; strong alcohol, 120 gm,: ol. ricini, 240 gm. Dissolve the santonin in the alcohol, mix with the oil, and remove 80 gm. of the alcohol by distillation. The product is a very clear and active preparation, which Dr. Bayon (*Monit. therap.*, Aug. 6, 1888), claims to have long admistered with the best results.—*Am. Jour. Pharm.*

THE UTILIZATION OF GARBAGE.

According to the "Bulletin of the Rhode Island State Board of Health" for May, the city of Milwaukee will soon abandon the cremation of garbage, which it was among the first of the western cities to adopt and advocate. It is proposed to substitute a drying process in the place of combustion. A company is at work with a new method which converts cities' refuse into articles more or less saleable. The garbage is made to pass through a series of mechanical driers, and in the course of ten hours becomes a brown powder. The oil is pressed out or drawn off, and the residue can be sold as a fertilizer.—*N. Y. Med. Jour.*

NOTED CASE OF DROWNING.

It is reported that a man well under the influence of alcoholic liquor recently went into a saloon in Trenton, N. J., and called for a glass of beer, which was given him on a table at which he was seated. He was soon observed to be leaning forward upon the table as if in a sleep or stupor. "When the barkeeper tried to arouse him half an hour later it was found that he was dead, his nose being immersed in the liquor in such a way that respiration was completely stopped." Many cases have been reported of persons having been drowned in but little depth of water, but this is the first case reported of a man drowning himself in a glass of beer.—*Journal of A. M. A.*

JOY AMONG THE CONVICTS.

The prisoners at Sing Sing are said to have sent up a shout of joy when they heard the bill permitting them to go to work had become law. For a year they have been idle, in consequence of the Yates' Bill, and sickness and lunacy have been more frequent than ever in the history of the prison. Largely through the efforts of the State Charities Aid Association the Fassit Bill has been passed, permitting the prisoners to go back to the shops. Work in the factories will be resumed in a short time, and the prisoners are themselves hard at work putting the machinery and shops in order. The testimony of the physicians and keepers shows that the prisoners have suffered to a surprising degree, both in body and in mind, from their enforced idleness. —*N. Y. Med. Jour.*

CAMPHORIC ACID AS AN ANTISEPTIC.

Camphoric acid is produced by oxidation of camphor by means of nitric acid, and occurs in colorless rhombic crystals or needles. It is very slightly soluble in cold water, much more soluble in hot water, and readily soluble in alcohol, ether and fixed oils. The solutions should, therefore, always contain a certain amount of alcohol. The author has employed camphoric acid with much success in various diseases of the fauces and larynx. It is an excellent astringent and antiseptic even in weak solutions, and has no poisonous properties. In tonsilitis a 1 to 2 per cent. solution as a spray or

gargle is much more efficient than chlorate of potash, borax, etc., and if used early may prevent suppuration. Ulcers of the mouth, nose, pharynx and larynx, of tubercular or non-tubercular character are healed rapidly by applications of 2 to 6 per cent. solutions, and small wounds, ulcers and eruptions of the skin are also benefited by this treatment.—*Med. Review.*

HYDRONAPHTHOL AS AN ANTISEPTIC.

Dr. Roswell Park, of Buffalo, has prepared culture media with various antiseptics in different proportions, including corbolic acid, iodoform, iodine, naphthaline, hydronaphthol, resorcin, trichlorphenol, creolin, sulphocarbolate of sodium, boric acid, perchloride of iron antipyrin, antifebrin and quinine. Almost the only one of these antiseptic jellies as thus prepared which has prevented all growths was hydronaphthol, 1:100. This shows that hydronaphthol can be relied upon as an antiseptic. Many of the bacteria grow freely on iodoform jelly, 1:100. Oxide of zinc is a better solid antiseptic than iodoform. The author thought that our present knowledge permitted us to associate certain bacterial forms with definite pathological lesions.—*Med. Review.*

THE CUMULATIVE PROPERTY OF BROMIDE OF POTASSIUM.

M. M. Doyon has published, in the *Lyon Medical*, a note relative to the cumulative property of bromide of potassium. His inquiries in this regard were made upon a young epileptic child—age not stated—to whom the drug had been extensively administered for a year. The child succumbed during an attack of scarlet fever. Nothing special was found at the autopsy, but the brain and liver were submitted to chemical analysis. The result showed that the former contained two grammes of the drug, and the latter 0·72 centigrammes. Thus, as might be expected, the central nervous system was more largely charged with the drug than any other part.—*Medical Press.*

TOBACCO SMOKING.

Tobacco smoking, Dr. A. G. Auld of Glasgow thinks, is responsible for a variety of functional derangements which there is no reason to aver cannot terminate in organic disease. He is convinced that the slightest trace of albumen in the urine is pathological, and that it is frequently induced by preventable causes, and one of these is chronic poisoning by nicotine. He thinks he has certainly traced the disorder in a few cases entirely, and in others partially, to the habit in question. Another derangement consists in localized fibrillary twitchings, something similar to what is observed in progressive muscular atrophy, and perfectly distinct from tremor. The twitchings are often excessive, and occur most frequently about the trunk and upper arms.—*Lancet, April 20th*, 1889.

THE NORMAL MAN.

Professor Huxley asserts that the proper weight of man is 154 pounds, made up as follows: Muscles and their appurtenances, 68 pounds; skeleton, 24 pounds; skin, 10½ pounds; fat, 28 pounds; brain, 3 pounds; thoracic viscera, 3½ pounds; abdominal viscera, 11 pounds; blood which would drain from the body, 7 pounds. The heart of such a man should beat 75 times a minute, and he should breath 15 times a minute. In 24 hours he should vitiate 1750 cubic feet of pure air to the extent of 1 per cent. A man, therefore, of the weight mentioned should have 800 cubic feet of well ventilated space. He would throw off, by the skin, 18 ounces of water, 300 grains of solid matter, and 300 grains of carbonic acid, every 24 hours; and his total loss, during that period, would be 6 pounds of water and a little more than 2 pounds of other matter.—*Sanitarian.*

DIPHTHERIA TREATED BY CHLORAL HYDRATE.

Dr. Mercier reports very good results in the *Rev. de Therap.* Before giving chloral, if the tongue be much furred, he administers an emetic—preferably ipecacuanha in powder. He then gives from one and a half to five grains of chloral, in the form of a syrup, every half hour, taking care to give food and drink beforehand, so as to leave the syrup in contact with the throat. The administration of liquids before the chloral prevents the latter giving rise to gastric pain. The drug generally stopped the further progress of the disease, and within forty-eight hours the false membranes disappeared, and the raw surface left was gargled with an astringent lotion. The treatment is of use only in the early stages of the disease, and is without benefit when the larynx is involved. This is the treatment advocated by the late Dr. Galentin, of Cleveland.—*Cleveland Med. Gaz.*

NITRATE OF SILVER IN PURPURA.

The ordinary hæmorrhagic remedies often fail to bring about a change in the obscure conditions which underlie the occurrence of purpura. The treatment under any circumstances is purely empirical and symptomatic, and one is therefore disposed to welcome any suggestion based on clinical experience which offers the means of intervening with a prospect of success. Dr. Poulet, of Planchet-les-Mines, has for many years made use of nitrate of silver in severe

cases of purpura complicated by copious hæmorrhages from the nose, stomach, and bowels. He narrates two cases which seem to point to a distinct controlling influence over the morbid condition. He gives it in doses of from an eighth to a sixth of a grain, made into a pill with bread crumbs, twice or three times a day. It is seldon necessary to continue the treatment beyond four days, and the effect is prompt and satisfactory.—*Medical Press.*

SALICYLATE OF MERCURY IN VENERAL DISEASES.

Szadek (*Monatsheft f. Prakt. Dermatologie*, No. 10, 1888) found that in acute and subacute urethritis this remedy yielded in general good results. In the treatment of mild manifestations in early syphilis, it was of special value. No local or constitutional disturbances following its use have been observed by him. The following is employed for subcutaneous use :—

R—Hydrarg. Salicyl.,	0.2
Mucilag. Gum. Arab.,	0.3
Aquæ Destill..	60.0—M.

Injections are made at intervals of two or three days, the number varying from six to twelve. Salicylate of mercury may likewise be successfully employed externally in luetic infiltrations and ulcerations.—*Centralbl. f. klin. Med.*

DIGITALIS IN CROUPOUS PNEUMONIA.

Professor Petresco writes that pneumonia is one of the most prevalent maladies in the Roumanian army, and that during the last five years he has treated more than six hundred cases in the Military Hospital at Bucharest. In these cases he has given an infusion of digitalis in doses of from 1 to 3 drachms in 24 hours, or a preparation consisting of an infusion containing 4 parts, by weight, of digitalis leaves, 200 parts water, and 40 parts syrup—a teaspoonful of this being given every half hour for three days. Through this treatment the author claims that the disease is cut short in three days, and the fever and all the physical signs disappear as if by enchantment. It is, however, only in consequence of these large doses of digitalis, given one after the other, that this result may be attained. The mortality in this disease treated in this manner is 1.22 per cent., while the results of all other modes of treatment give 15 to 30 per cent. The uncertainty which has accompanied this treatment in other hands is due to the small doses in which the drug was employed and the long intervals between them.—*Therapeutic Gazette.*

MEMBRANOUS CROUP.

The oil of turpentine would appear to be a remedy always to be tried in cases of membranous croup before resorting to intubation or tracheotomy. Loewentaner reports (*Med. News*(two cases of severe stenosis of larynx, in both of which the administration of a coffeespoonful of turpentine was almost immediately followed by expectoration of the membranes, and subsequent small doses internally or by inhalation led to complete recovery. Several coffeespoonsful of the oil may be administered during a night and day for several days if the membranes reform.—*Med. Review.*

As a readily prepared antidote for acute arsenical poisoning, Prof. Holland gives the following :—

R.	Liquor. ferri tersulphat.,		
	Aquæ destillat.,	āā	f℥ij. M.
R.	Magnesiæ,		ʒ iiss
	Aquæ destillat.,		f℥ viij. M.

Sig.—Mix the two solutions and give a tablespoonful, diluted, every five minutes, as required.

As an internal treatment for eczema erythematosum, to tone up the general system and relieve the constipation, Dr. Van Harlingen gives—

R.	Magnesii sulph.,		℥ j
	Ferri sulph.,		ʒ ss
	Acid sulph. dilut.,		f℥ j
	Sodii chlorid.,		gr. x
	Infus. quassiæ,	q. s. ad	f℥ iv. M.

Sig.—A tablespoonful in a tumbler of hot water half-hour before breakfast.

ŒDEMA AS A DIAGNOSTIC SIGN IN CARCINOMA OF THE STOMACH.

M. C. Baert, of Brussels, writing in *La Clinique* on cancer of the stomach, calls attention to the frequency with which œdema of the ankles is met with in this affection after it has lasted a few months—a diagnostic aid which is by no means new, but is, he thinks, in danger of being too much overlooked at the present day. He gives a number of cases recently occurring in the various hospitals in Brussels in which œdema was present. In one of these cases the œdema came on as early as three months after the first symptoms of the affection made their appearance ; in two other cases it was noticed after four months ; but in most of the other instances it was delayed till the lapse of from six months to a year after the onset. In one case, where there was no evident cause to which to attribute the loss of appetite and the wasting complained of by the patient, Professor Carpenter, noticing some œdema of the ankle, diagnosed carcinoma of the stomach, and found his diagnosis confirmed by the appearance a month afterwards of all the usual signs of the affection. Several of the cases presented a marked increase in the nitrogen excreted in the urine. With regard to the deficiency or absence of hydro-chloric acid in the stomach in cancer of

that organ, M. Baert admits that it is usual, but agrees with Wolff and Ewald in saying that this sign is by no means peculiar to cancer, as it is found in other gastric affections.—*Lancet.*

THE ABORTIVE TREATMENT OF GONORRHŒA.

Dr. Mauriac, on the Treatment of Gonorrhœa, concludes as follows:—(1) The abortive treatment is indicated and has some chance of succeeding in acute Gonorrhœa only during the first hours of its outset. (2) All the attempts to cut short an attack of gonorrhœa during its period of progression, and when it reaches its height, are useless or dangerous—one obtains only delusive cures. (3) The antiseptic practice, at once (*d'amblee*) suggested by the microbian theory of gonorrhœa, has, until now, only produced delusive results. (4) It is indispensible to submit acute gonorrhœa to the antiphlogistic treatment until the almost complete disappearance of the inflammatory phenomena. It must proceed to the proper stage of maturity before any repressive medication should be resorted to. (5) This latter method yields decisive and durable results only in the involutive phases of the specific catarrh. (6) The agents of repressive medication are copaiba and cubebs internally, the sulphate of zinc in injections. (7) The balsam should be given first; it alone occasionally produces a definite cure. In the greater number of cases, while continuing its use, astringent injections may be used. (8) The duration of the repressive medication should be short; should it not soon yield the results expected of it, it must be given up and antiphlogistics resorted to. (9) It is by antiphlogistic medication that the treatment of acute gonorrhœa imperfectly cured should be commenced. These cases which return almost incessantly are seldom or never subdued in a definite manner.—Paris Correspondent *Journal American Medical Association.*

VIBRATION IN CYCLING.

That there are dangers associated with indulgence in cycling exercise as at present conducted there can be little doubt, the many accidents in this connection recorded from time to time affording sufficient evidence of the fact. Apart, however, from the risk of accidents from falls, imperfect machinery, and want of skill in riding, there is a danger of a subtler kind to be apprehended, and which Dr. W. B. Richardson describes in the *Asclepiad* under the heading given above. He instances his own experience in illustration of the theory that in cycles as at present constructed the rider is subjected to a continuous succession of spinal shocks, the effect of which is to produce a weariness of body and a nerve prostration which may very well have serious results. In the early days of cycling the old "boneshaker" was undoubtedly the cause of much more considerable mischief in this connection than attends the employment of the greatly improved tricycles and bicycles that now issue from the manufactories, but even the most perfect machines in present use do not answer to the full requirements that Dr. Richardson desiderates. Our author describes a number of the constructive adaptations hitherto resorted to for securing the object in view, and concludes his remarks on the subject by observing that "there is no reason why resilient wheels should not be used in combination with the other methods until such a perfect machine is invented that a thoroughly rigid frame shall sustain a set of bearings for the rider that shall cut off vibration from every point of his body that comes in contact with them, and yet interrupt in no way the complete application of propelling power." And until this consummation is reached cycling cannot be considered as being free from the risk of spinal and nervous injury. —*Medical Press.*

WHAT SHLL WE FEED WOMEN AFTER CONFINEMENT?

For—we might say centuries—the laity have insisted on giving the "puerperal women" gruels, beef teas, toast water, from the first to the ninth day after confinement, and the fact is, two-thirds of the physicians have fallen into this aged groove. We think this tea, gruel and toast bill of fare, practically a starvation diet, irrational, impracticable, and a positive detriment to the patient. Is not the theory and practice a foolish one, when we consider for a moment that the organs connected with parturition will be more rapidly restored to the normal condition prior to conception; that the tissue changes, which we call involution, will be more quickly and perfectly accomplished, and that the new function of lactation will be more surely and plentifully established by a starvation diet. Does not common sense teach us that a diet, the opposite of the starvation one, is she proper kind to rapidly restore the uterine tissues to the normal state, and to prevent exhaustion of the patient by the *unusual cell waste* incident to lactation? Our plan is to give the puerperal patient as good nutritious food as she has an appetite for, and can easily digest. The woman exhausted by labor needs rest. As soon as she awakens give her a cup of good beef, chicken or mutton broth, as soon as the general condition of the woman and the appetite calls for it, a safe guide, no matter whether it is the second or ninth day, gradually give solid foods—mutton-chops, tenderloin of beef, poultry or game. I have often had

patients eat a good piece of tenderloin steak, the day after delivery, with a decided relish and with good results. A nutritious diet of this kind has a decided tendency to prevent puerperal women from suffering from nervous exhaustion, sleeplessness, and many annoying and persistent nervous symptoms, due to the excessive demands made on the system for the restoration of the uterus to its normal state and for the keeping up of the function of lactation. —*Med. Waif.*

SMELL OF SOUND MEAT.

The examination of the flesh of animals from which the viscera have been removed, necessitates the analysis of all the tissues, the inspection of the fat, muscular tissue, fasciæ pleura and peritoneum, spinal cords, glands, vessels, blood, etc., before the meat can be accepted. In the normal state the flesh of every animal has its own characteristic odor. Beef has a special insipid kind of smell, modified by the different modes in which the animals have been fed. Thus it is stated that the flesh and milk of cattle in the polar regions have a fishy odor, because the absence of pasturage obliges the inhabitants to feed their oxen and cows on fish. Veal smells of milk, mutton of wool and sometimes grease. The normal odor of pork is insipid and inoffensive, but when the pigs are fed on offal the flesh has a pale cachetic hue, and an offensive smell and taste. The odor of poultry fed on corn differs from that of poultry artificially fattened. In a diseased state, meat emits a typical odor resembling the breath of feverish patients. This odor is particularly noticeable beneath the shoulder and in the muscles of the inner side of the leg. The odor should be carefully noted immediately after the incision is made. This should be done by the inspector himself. When diseased meat is roasted, it emits a strong and offensive smell. The fever odor is particularly marked in the case of animals which have suffered from peritonitis, charbon, morbid symptoms following parturition, or with ordinary acute disease. In such cases the smell is recognized at once and it is unnecessary to make any incision. "Feverish" meat is always unfit for consumption on account of the leucomaines which it may contain. Moreover, there always exist pathological lesions which denote clearly that the animal was diseased before being killed.—*British Medical Journal.*

SUTURES AND LIGATURES WITHIN THE ABDOMEN.

The choice of material for sutures and ligatures for the abdominal walls and intra-peritoneal structure is a matter of considerable importance, and one upon which the opinions of leading surgeons in the world are divided. Numerous experiments have been made from time to time, and their results have shown that four or five kinds of material can be used with safety, if certain precautions are used. Practical surgeons have for years used these different varieties with various degrees of success. Some recent experiments reported by Dr. Thompson in the *Centralblatt für Gynakologie*, and quoted in the *British Medical Journal*, are interesting in this connection. He rejected silver as an unabsorbable material, and used carbolized catgut, chromic gut, silkworm gut, and silk. All were sterilized, and made as nearly as possible of equal thickness. With a view to the use of sutures in cæsarian section, rabbits, cats, and bitches, that had recently given birth to young, were chosen. A short incision was made in each uterine crown and united again by a suture, different kinds being used on opposite sides in each case. The omentum and abdominal wound were also sutured. At different intervals the animals were killed and the sutures inspected. We are told that carbolized gut was completely absorbed in seventeen days, little but the knots remaining in ten days. Chromic gut was unabsorbed in sixty-four days. Silk threads were loosened but intact in fourteen days, and almost entirely absorbed in sixty-four days. From these results Dr. Thompson concludes that in abdominal surgery silk is the best and safest material for suture, since it can be thoroughly sterilized, and is slowly but surely absorbed. Chromic gut and silkworm gut are bad because unabsorbable. Carbolized catgut is unsafe because it is too speedily absorbed.—*Editor Canadian Practitioner.*

ANTISEPTIC IRRIGATION FOR CHRONIC SYNOVITIS.

The treatment of chronic joint swellings, especially of the knee, is often a matter of discouragement, owing to the unsuccessful nature of the results obtained. Such measures as rest, compression, and aspiration may, and perhaps do, in some few instances lead to a degree of improvement, but certainly the rule is—That the end attained falls short of that which could be desired. A plan of treating such affections which has been occasionally adopted with success is advocated as being worthy of more frequent employment by Dr. M. H. Richardson, of Boston. This consists in first withdrawing from the diseased joint the fluid effused into it by means of an aspiration syringe, and then injecting into it a quantity of a 5 per cent. solution of carbolic acid, from three to five ounces or more. Massage of the joint is then carried out to ensure that all its structures are brought well into contact with the antiseptic liquid, which is then allowed to escape, aspiration assisting in the process. The returning solution is turbid from the presence of coagulated albu-

men, which may possibly exist in amount sufficient to block the aspirating needle more or less completely. The joint having been thus emptied, the limb is fixed on a splint and pressure applied. After a few days it is found that pain is quite absent, and the joint scarcely at all full of fluid, while in two or three weeks cure seems to be quite effectual. A plaster of Paris bandage is recommended to be worn for a time. The situation advised for insertion of the needle is the outer side of the joint opposite the upper edge of the patella, and in case a reaccumulation of fluid takes place Dr. Richardson advises that a repetition of the operation should be resorted to, but he insists on the propriety of not adopting it in the first instance until the less radical means of alleviating the condition of the joint have received fair trial. He reports several cases in illustration of the advantage derived from the proceeding; in all very marked improvement and restoration of usefulness took place.—*Med. Press and Circular.*

A NEW ELIXIR OF LIFE.

The celebrated scientist, M. Brown-Séquard, has recently been making some marvellous, if not startling, discoveries. He has been making experiments (as reported in *Progrès Médical*) with a view to ascertain the effects produced on the system by the action of the testicles on the blood circulating through them. We find that he has been studying this subject for twenty years, and during that time has done a fair amount of experimenting. In 1875 he found in one instance that grafts containing testicular matter had a wonderful effect on an old and broken-down dog, inasmuch as it endowed him anew with the friskness of youth. Latterly, M. Brown-Séquard has been experimenting on himself by using subcutaneous injections of blood from the spermatic veins of a young animal mixed with the juice obtained by crushing its testicles with a little water. He is said to be verging on fourscore, and therefore the results of such experiments will prove of great interest.

He reports the following effects: His muscular strength has returned in great measure; that torment of the aged, intestinal atony, has disappeared, so that defecation has become normal again; the bladder has regained its contractility, as shown by increase of force in the stream of urine; mental exertion has become easy again; and finally there are many other manifestations of return to youthful vigor. When these remarkable *facts* were reported to the Paris Société de Biologie, some of the members were unkind enough to throw doubts on the conclusions and attribute the results to imagination. What the majority thought, we know not; but it has been suggested that, if the great scientist, once old and enfeebled, but now rejuvinated and frisky as a kitten, is correct, vast possibilities may be huddled together in the testicles, and possibly also in the ovaries. If it happen that testicle juice or ovary cutlets will restore youthful vigor and friskiness, what a shaking up there will be of the dry bones of the aged and feeble! M. Brown-Séquard will not have lived in vain, his elixir will be the most popular of modern nostrums. Great is science, and truly wonderful are her discoveries. In the meantime there is likely to be a large and immediate demand for young testicles, and small boys and dog pups had better not wander far from their protectors. — *Editor Canadian Practitioner.*

TREATMENT OF DIPHTHERIA.

Mr. John Raye has obtained excellent results from a treatment that he summarizes as follows: If laryngeal breathing is present, apply large sponges, well wrung out of boiling water, to the throat for at least an hour, changing the sponges as they grow cold. The sponge is easily prepared by putting it in a strong towel whose ends are hung over the edges of a basin, and then pouring boiling water over the sponge and wringing it dry by twisting the ends of the towel in opposite directions. The nurse can judge whether the child can bear the sponge by applying it to her own naked elbow. As soon as possible get carbolic steam around the patient and spray the throat, driving the spray down to the epiglottis, with sulphurous acid, ℥ ss to ℥ i; syrup, ℥ iii or ℥ iv; water to ℥ viii. This spray is to be used three or four minutes every hour or two, three or four hours according to its effect on the membrane. Give a mixture of sulphurous acid, ℥ i; syr. aurantii, ℥ iii or ℥ iv; water to ℥ vi or ℥ viii, with or without quinine or chlorate of potash, 1-6 or ⅛, as the case may be, every two, three or four hours, according to symptoms; *in severe cases every half hour.* Give plenty of liquid nourishment from the first, with a liberal allowance of port wine and bark or brandy, according to the state of the heart, pulse and general condition of the patient. When the danger of the acute stage is past give iron, quinine and strychnine, or cod liver oil, and treat symptoms as they arise. For children of about three years the following mixture is enough:—

Sulphurous acid,	℥ ii to ℥ iii
Syrup,	℥ ii to ℥ ii ss
Water,	℥ iv

One or two teaspoonfuls every hour or two hours. The spray as for adults. I am certain that if the case is treated early the disease will be cut short; in severe cases one may confidently predict a favorable result, and even in very severe cases—cases I formerly would have looked on as hopeless—a reasonable and just hope can

be held out that the patient will recover. There are times when one is called to a dying patient; then the only chance of life is offered by immediate operation. In conclusion, I feel well assured that if the plan I have described be adopted at once, assiduously persevered in, and given a fair trial, diphtheria will no longer be the dreaded disease it is generally considered.—*Med. Press and Circular.*

CHEST PERCUSSION DONT'S.

Don't percuss in a cold room, and always divest that part of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and plexímeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussing finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient.

Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the plexímeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patients chest more than you can possibly help; therefore, always lay the plexímeter finger in such a direction that the distal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an intercostal space on the other.

Don't forget that the percussion pitch is normally higher over the right than over the right apex.

Don't omit clavicular percus sio.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they should hang loosely by the patient's side with a slight forward inclination.

Don't stand your patient against the wall, or let him stand against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those given out by percussing the head of the humerus, and the infra-scapular region in health; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dulness or flatness at the base of the chest, to mark the upper limit of such dulness in front while the patient is standing; then place him on his back, and ascertain whether the line of dulness changes.—*Thomas J. Mays, M.D., in Med. and Surg. Reporter.*

SYPHILITIC PHTHISIS.

The characteristic signs and symptoms which distinguish the syphilitic form of the disease are chiefly an absence of well-defined physical features in its earlier stages; frequently the only evidence of the disease being a wavy respiration or an impaired respiratory sound. However, when crepitation appears, it commences suddenly, and is usually of a loud, moist character, and may diffuse itself very rapidly over the whole side of the chest. Hæmotysis is generally a prominent factor; there are no persistent, well defined fever and night sweats; the expectoraton is frequently tough, white, stringy and abundant; the patient, as a rule, is anæmic, subject to diarrhœa and vomiting; the marked anorexia and wasting do not appear early; and any change which occurs in the course of the disease, either towards recovery or death, is generally more marked and sudden than in the ordinary form.

The absence of fever, or the tendency of the fever to assume an irregular or abnormal course, I regard as one of the most valuable symptoms in differentiating this form of phthisis. Whenever I meet with a constant low temperature in such cases, my suspicion of infection is always aroused, in spite of the absence of other satisfactory evidence.—Mays, in the *Polyclinic.*

FUNCTION OF THE COCCYX IN LABOR.

It is quite impossible to over-estimate the importance of thoroughly understanding the mechanism of the passage of the fœtus through the pelvis. This dominates the whole scientific practice of midwifery, and the practitioner cannot acquire more than a merely empirical knowledge, such as may be possessed by an uneducated widwife, or conduct the more difficult

cases requiring operative interference, with safety to the patient or satisfaction to himself, unless he thoroughly masters the subject.

Thus appreciating a knowledge of the mechanism of labor, we have read with much pleasure a contribution to the study of the subject by Dr. Henry D. Fry, of Washington, entitled, "The Function of the Coccyx in the Mechanism of Labor" (*Amer. Journal of Obstetrics*, Dec., 1888). Dr. Fry states that obstetricians in general attribute no function whatever to this little bone, except to get out of the way of the advancing head, and thereby to increase the antero-posterior diameter of the interior strait. It is not even supposed to possess any obstetrical importance unless it rudely refuses to be pushed aside. He believes, however, that the coccyx has a distinct function to perform and that only after it has performed it does the bone recede before the advancing head. According to Dr. Fry, the function of the coccyx in labor is to cause extreme flexion of the head—in anterior positions of the vertex—at the inferior strait, whereby the escape of the occiput from beneath the pubic arch is facilitated, and the sub-occipitio-bregmatic diameter of the head is brought in relation with the antero-posterior diameter of the pelvis, instead of the longer occipito-frontal, or occipito-bregmatic diameter. When the head reaches the inferior strait in normal labor it is not in extreme flexion. But as the head advances the brow meets with the resistance of the coccyx, its advance is arrested and the occiput descends. The resistance of the coccyx keeps up flexion until the occiput escapes from beneath the pubic arch and the nape of the neck becomes fixed against the symphysis pubis, when, since the occiput can advance no further, the force of the expulsive efforts is transmitted to the brow, overcoming the resistance of the coccyx and causing extension of the head with delivery of the brow and face.

While these views of Dr. Fry seem to be but a slight modification of the view that this last exaggerated flexion of the head is brought about by the resistance of the pelvic floor against the advance of the frontal region of the head—because the resistance of the normal coccyx must be equal to the resistance of its muscles—yet it is well to have the fact insisted upon that exaggerated flexion of the head does occurr during the escape of the occiput, and prior to extension of the head. Because, while usually admitted, its bearing upon the proper management of the close of the second stage of labor is not generally appreciated. Having in mind the mechanism of passage of the head through the inferior strait and soft parts, the practitioner is enabled intelligently to manage this stage of labor, favoring flexion or extension of the head, and retarding or accelerating its advance by his manipulations as the circumstances indicate, all being done in accordance with, instead of in opposition to, the natural mechanism of labor.—*Editor Med. Surg. Reporter.*

EARLY SIGNS OF PREGNANCY.

There are probably very few physicians who have not at times felt the need for some trustworthy means of deciding upon the existence or absence of pregnancy at a time when if present it could not be far advanced, and when it is too soon to expect to hear the sounds of the fœtal heart or to obtain the confirmation of *ballottement*. In this country Hegar's sign of pregnancy, which has been well described by Dr. A. K. Bond, in an article in the *Maryland Medical Journal*, in the early part of this year, has not received the attention it deserves, and American physicians have failed to appreciate or at least to practice, Hegar's method.

This sign is to be determined by combined rectal and abdominal examination. It consists in the detection of an unusual softness, thinning, and yielding condition of the lower uterine segment—that is, of the part immediately above the insertion of the sacro-uterine ligaments. This condition of the part is perceptible whether the rest of the body of the uterus feels firm and hard, or soft and elastic. Even in the latter case it is always possible to compress the lower uterine segment, to draw it out to a certain degree with the fingers, and so to distinguish it from the part above it; while below, the cylindrical cervix of firmer consistence is felt distinctly coming off from it. The yielding and flaccid condition of the part may be so great that one may doubt whether there is any connection at all between the neck and the larger swelling in the abdomen or pelvis. This is especially true when pregnancy occurs in uteri with hypertrophic elongation of the cervix; and even laparotomy has been done under the mistaken idea that the pregnant corpus was a tumor, independent of the uterus. The condition referred to depends upon the fact that the lower uterine segment, as the thinnest part of the corpus, on account of pregnancy, becomes succulent, of looser texture, thinned and extremely elastic. According to Reine, "failure to find this, however, in no way excludes pregnancy, since it is easy to see that with marked chronic infarctio uteri (hyperplasia), pregnancy may exist without rendering this condition of the lower uterine segment very evident."

There is another useful sign of pregnancy which depends upon the well-known fact that, in the first eight eight weeks of pregnancy, the principal enlargement of the uterus is in the antero-posterior diameter of its corpus, while the cervix undergoes scarcely any change, except a superficial softening at the external os. The direction of the enlargement of the body of

the uterus causes it to project markedly from the cervix, especially in front. The shape of the whole uterus has been likened by Grandin to an old-fashioned fat-bellied jug. This striking relation between the corpus and cervix is readily distinguished by one moderately skillful in making the bimanual examination. A quite characteristic bogginess, softening, and compressibility of the lower uterine segment is also detected. This sensation is brought about by the effects of the physiological congestion of pregnancy upon the uterine tissues, and partly, also, by the fluid contents of the uterus.

The condition just described is an almost positive sign of pregnancy, especially if in addition there is marked fulness and pulsation of the vessels on both sides of the pelvis, without evidence of pelvic inflammation, and a more or less distinct purple hue of the vagina. It is reliable as early as the sixth or eighth week.

It would seem theoretically, that this method of examination had one marked advantage over combined rectal and abdominal examination, for not only can the physical condition of the lower uterine segment and increased mobility of the corpus be made out nearly as well, but the striking jutting out of the corpus over the cervix is much greater in front than behind and therefore more easily detected through the vagina than through the rectum. Naturally the employment of both methods of examination would give more trustworthy information than either alone. This condition of the lower uterine segment was apparently known to Dr. Rosch as long ago as 1873, but he failed to appreciate fully the subject and only laid stress on the feeling of fluctuation to be obtained by bimanual examination.—*Med. and Surg. Reporter.*

GONORRHŒAL DISEASES OF THE UTERINE APPENDAGES.

BY JOSEPH PRICE, M.D.,
Of Philadelphia.

Read before the Philadelphia County Medical Society, February 12th, 1889.

The attitude of numbers of professional men who express either incredulity or absolute disbelief in the causative relation between gonorrhœal diseases in women and pyosalpinx and abscess of the ovary, is sufficient justification for a still further discussion of this subject. My views upon the matter are based neither upon theory nor upon microscopic examination. They are from surgical experience only or from confessions of men whose wives have been diseased by them. From the time that Noeggerath first formulized his belief upon this subject it has been smiled at, contradicted or controverted, but never in its essentials disproven. In his earlier paper Naeggerath fell into the common error of enthusiasts, that of attributing too much to his discovery and claiming too wide a pathological field as the sequelæ of this trouble. This, without doubt, led many otherwise fair-minded men to pass over his paper as unworthy of attention, thus impeding the progress that otherwise would have followed its discussion and the observations based upon its claims. In taking up most of the later surgical works we find the etiology of ovarian and tubal diseases considered from this standpoint omitted—a missing link, or differentiated out of sight. This is wrong. As early as 1877 Mr. Lawson Tait and others insisted upon the relation existing between gonorrhœa in man and tubal diseases in women. Noeggerath antedated him about five years. Mr. Tait also insisted on its causative relation to perimetritis, this as late as 1883. Schroeder, in the early editions of his *Gynæcology*, insisted upon this as bearing a causative relation to ovarian and tubal troubles. In the very latest edition he says: "Gonorrhœa, in the highest degree, appears as a causative disease in women." Sänger also is an ardent advocate of the same belief. He is wrong, however, I am persuaded, in holding that the gonorrhœal infection is always late in revealing its presence in the woman when transmitted by the man. To this subject I shall refer later.

Without further collation of authorties upon this subject, I shall proceed briefly to its discussion. Whether or not the presence of the disease can be diagnosticated absolutely by the presence of gonococcus of Neisser, is of small importance, if by the chain of common evidence we can connect the presence of one disease with the other in their sequence. If, on discovering tubal disease in a woman who has never aborted nor had any of the diseases incident to childbed, who has been healthy up to a time, after which vaginitis has occurred, contracted from her husband, after which the woman from time to time experiences increasing pelvic pain, losing strength and weight—the case, it seems to me, is made out, save as quibbling may dispute it. This history occurs in most of the cases I have handled. Of the many cases that have come under my observation, I choose the following as illustrative and typical:—

A young married woman, one child. Her recovery from childbed excellent: no gonorrhœal infection of the child at birth. Some months afterward she had inflammation of the vulvo-vaginal glands, with suppuration. Later she appeared with abdomen tense and painful, enlarged tubes and ovaries, tender and painful on the slightest movement or pressure; she had lost in weight and strength. Her husband confessed to the infection of his wife. The diagnosis was made of gonorrhœal pyosalpinx, and operation proved the correctness of the opinion. Both tubes contained pus, were cheesy and friable—the ligatures cutting through all but the vessels. The abdomen was full of fluid,

and the intestines gave evideuce of acute peritonitis.

The history here is complete, leaving no possible doubt as to the origin of the disease. The early infection here exhibited is at variance with the views of Sänger and shows that his statements are not necessarily correct, or accidentally correct if at all so. There is no sufficient reason why this infection should not be early. I incline to the belief that the disease originates early, but may be slow in its progress, and thus escape attention and discovery.—*College and Clinical Record.*

PROGNOSIS OF HEART DISEASE.

The invention and improvement of the stethoscope and of the sphygmograph have led to a closer study of diseases of the heart, as the result of which our ability to recognize them early has been materially increased. In more recent years, also, the treatment of heart diseases has improved, especially by the judicious use of Oertel's method, a good description of which was published in the *Reporter*, May 26, 1888. These two factors—great power in diagnosis and improved methods of treatment—have naturally tended to make the prognosis of affections of the heart more hopeful.

Prof. Leyden recently drew attention to this circumstance in a communication published in the *Deutsche med. Wochenschrift*, April 11, 1889. This distinguished clinician says that sudden death is liable to occur in aortic insufficiency, both in grave cases associated with considerable dilatation and hypertrophy, and also in cases in which the lesion is slighter and better compensated. He admits that it may also occur in true angina pectoris—that is to say, in the form which is dependent upon sclerosis of the coronary arteries; but he declares that in all other varieties of heart disease sudden death is a relatively rare occurrence. In mitral affections, for example, it occurs in only about two per cent. of the cases, and is therefore so rare that the physician may neglect it in prognosis. In fatty degeneration of the heart sudden death occasionally occurs, it is true, as it does in the later stages of acute diseases and in the beginning of convalescence from them. It may also occur under the influence of over-exertion or strong emotions; but, as Leyden points out, these are rather general conditions which lead to heart weakness than affections of the heart themselves. And, after all, they result in sudden death so rarely that they need not be reckoned in prognosis.

In addition to the information gained by an examination of the heart and the condition of the circulation, it should be borne in mind, in making a prognosis, that the age, sex and circumstances of the patient, as well as the apparent effect of treatment, have each to be considered in estimating the probable result of the disease. For instance, litile children do not bear heart affections well, while older children and young persons, on the contrary, do bear them well. In the aged the prognosis is grave, because heart affections are, at this period very commonly the consequence of arterio-sclerosis—a disease which progresses steadily and is never arrested.

As regards sex, the prognosis of heart disease in general may be said to be more favorable in women than in men, as would naturally be supposed from the fact that women are less exposed to the influences which determine arterio-sclerosis and grave cardiac affections, namely, physical overwork, veneral excesses, and alcoholism. Moreover, aortic insufficiency—the most unfavorable form of heart disease—predominates in men, whereas women are more subject to mitral stenosis. The latter lesion, Leyden states, is relatively benign; but he should have made an exception in the cases in which pregnancy complicates it, for then it is very fatal.

The patient's manner of life and his ability to take proper care of himself are important elements in the prognosis of heart disease; and it is for this reason that better results are obtained in the treatment of heart disease in private than in hospital practice. Furthermore, the readiness with which the heart is found to respond to cardiac tonics and stimulants is of importance. If such remedies fail, the outlook is of course more gloomy, as a lack of recuperative power on the part of the heart is indicated. Digitalis is the best remedy for use in judging of the power of the heart to respond to stimulation. But failure with it does not leave us entirely powerless, in spite of the fact that the effect of analogous remedies and methods of treatment is more uncertain.

Medical men, and the more intelligent of lay men, have long known that the existence of heart disease, in which compensation is good, is compatible with long life and comparative comfort, if the patient's circumstance permit him to live on a comparatively even plane of life, and with the best treatment of his heart trouble. They have also known that, when death results from heart disease, it is the exception, and not the rule, for it to come suddenly. Nevertheless, the average layman still regards the diagnosis of heart disease as equivalent to a sentence of death at no very distant period, and is continually in dread of sudden death.

This false conception will continue to influence the public mind until general practitioners, and especially family physicians, succeed in establishing a correct view of the matter in the minds of their patients.

It is to be hoped, therefore, that the views which we have just cited may be carefully con-

sidered in order that as hopeful a conception as is proper may be formed of the prognosis of heart disease in general.—*Med. and Surg. Reporter.*

PAPERS PROMISED FOR MEETING OF C.M.A. AT BANFF, AUGUST 12TH-14TH INST.

(1) The Endemic Fever of the North-West Territories (Mountain Fever). Dr. A. Jukes, Regina.

(2) The Climate of South Alberta, with special reference to its advantages for patients with pulmonary complaints. Dr. G. A. Kennedy, McLeod.

(3) Traumatic Inflammations of the Eye and their proper treatment. Dr. John F. Fulton, St. Paul, Min.

(4) Hæmatoma of the Vagina and Vulva. Dr. A. H. Wright, Toronto.

(5) A Case of Empyema Successfully Treated by Free Incisions. Dr. James Ross, Toronto.

(6) The Early Recognition and Treatment of Epithelioma. Dr. L. Duncan Butkley, New York City.

(7) The Relief of Pain in Eye and Ear Affections. Dr. R. A. Reeve, Toronto.

(8) Sulfonal. Dr. James Stewart, Montreal.

(9) Neuro-Lithotomy. Dr. F. T. Shepherd, Montreal.

(10) Vertigo—An Eye and Ear Symptom. Dr. T. W. Stirling, Montreal.

(11) A Resumé of a Few Surgical Cases. Dr. E. A. Praeger, Nanaimo, B.C.

(12) Varicella. Dr. Whitaker, Cincinnati.

(13) Preventable Deafness. Dr. Buller, Montreal.

(14) Colles' Fracture, by Dr. Grassett, Toronto.

(15) Common and Easily Preventable Cause of Retro Displacements, by Dr. Lapthorn Smith, Montreal.

SUICIDE THROUGH READING QUACK LITERATURE.

A sad case is reported from Portsmouth, of a young man engaged as a waiter at a local restaurant, who committed suicide last week by cutting his throat. The deceased got the idea into his head that he was the subject of "nervous debility," and resorted to some doctors who gave him the usual vile literature disseminated by these pests of society, the reading of which added to his fears and terrors, and in fact, drove his wits out of him. A medical man who saw him a week or two before his death stated that he had no disease, and he had no doubt that his mental condition was caused through reading quack pamphlets.—*Hospital Gazette.*

OUR MEDICAL CHARITIES.

It has been proposed that a great demonstration, in aid of these noble and (as regards management) truly British institutions, shall take place in Hyde Park at an early date. The following will compose the procession:—

I.

Six stalwart Hospital Porters, three abreast, bearing the charters of certain charities, stating that they were founded for the relief of the "Sick Poor."

II.

Six Secretaries in Broughams.

III.

Six Treasurers in Victorias, with bulky Receipt Books.

IV.

Ten Medical Students carrying black bags: "covered" by ten Assistant Physicians—the latter provided with certificates from the secretaries of the Institutions to which they belong, testifying that they can prescribe for fifty patients in an hour.

V.

Detachment of the "Sick Poor," in their own vehicles, three abreast—Males smoking Havana cigars; females wearing silk dresses, feathers, jewellery and kid gloves.

VI.

Three Water Carts "loaded" with Physic, which will "play" at intervals during the demonstration upon

VII.

Twenty ruined, or distressed General Practitioners, on foot, accompanied by their care-worn wives and luckless offspring.

VIII.

Twenty Hospital Sisters, and Nurses, who glance disdainfully at the ten Assistant Physicians and the distressed General Practitioners.

IX.

Twenty Hospital Physicians in carriages and pairs, the coachmen and footmen in rich liveries.

X.

Seven Banners borne by Hospital Chronics, inscribed with "No Fees," "Why Pay Doctors?" "Why Join Sick Clubs?" "Free Physic," "Shake the Bottle," "Plenty of Lotion," "Full Diet."

XI.

His Eminence, The College Skeleton.

RESPICE FINEM.—*Hospital Gazette.*

Veratrum Viridie in two-drop doses of the tincture will control the circulation in pneumonia better than the lancet of forty years ago. —Brief.

DIAGNOSIS AND TREATMENT OF TUBERCULAR PERITONITIS.

Dr. Samuel Fenwick, in the course of his lectures on cases of difficult diagnosis, writes as follows upon the diagnosis of tubercular peritonitis in the adult (*Lancet*, March 9, 1889): The diseases with which we are most apt to confound acute tubercular peritonitis are typhoid fever and acute non-tubercular peritonitis, and in some instances the resemblance is so close that it is only by great care and watchfulness that we can avoid falling into error.

As a general rule, tubercular peritonitis of this kind begins suddenly, whilst typhoid is usually preceded by a period in which the patient has been weak, feeble, and feverish. In the former, pain in the abdomen is more marked, and there is tenderness over different parts whilst pain in the latter is rarely severe, and any tenderness that may be present is confined to the iliac region. In tubercular peritonitis the temperature rises at once, and not regularly, as in enteric fever, and the pulse is usually more rapid. As the case proceeds the temperature varies more in peritonitis, spots are rarely observed, and the stools have not generally the typical appearance of those passed in typhoid; whilst at a latter period the persistence or frequent returns of abdominal pain and tenderness and of vomiting, the variations of the temperature, the alternations of constipation with diarrhœa, and the increasing prostration, will in most instances enable you to distinguish between these diseases. In addition to these differences, you will in many cases be able to render your diagnosis more certain by the discovery of fluid in the peritoneum, or by the detection of a tumor in the abdomen; or you may find the signs of effusion in the pleura or of a consolidation in the apex of one or both lungs.

Still more difficult is it to distinguish between acute tubercular peritonitis and ordinary peritonitis when the former does not assume from the first the typhoid form. In many cases I believe it is impossible to arrive at a certain conclusion in the early stage, for both may attack persons previously healthy, both may be ushered in by similar abdominal symptoms, and it is only by watching the progress of the disease that you can form an accurate opinion. As a general rule, the pain, tenderness, and vomiting are less distressing in the tubercular form, the temperature is lower, and there is more usually diarrhœa than constipation. As the disease progresses, the abdominal symptoms recur from time to time instead of slowly subsiding, the temperature remains high, emaciation becomes more marked, the effusion into the peritoneum is very slowly absorbed, and you may discover signs indicating effusion into the pleuræ or pulmonary consolidation.

As regards the treatment of acute tubercular peritonitis in the adult, he says: In the typhoid form I have usually treated the case as if it were one of enteric fever; that is, the patient has been kept at rest, the food has been restricted to liquids, and cold sponging has been employed whenever the temperature has been unduly high. Quinine in moderate doses in combination with opium has been prescribed to relieve pain and to check diarrhœa. In the cases in which the symptoms were chiefly abdominal the treatment has been directed as in ordinary peritonitis; poultices and hot fomentations have been applied to the abdomen, and small doses of opium have been given to relieve pain and diarrhœa. You must, however, be careful not to induce constipation, for it is usually followed by attacks of vomiting that quickly reduce the strength of the patient.

You may ask whether the washing out of the peritoneum, which is so successful in some cases of suppurative peritonitis, is likely to prove beneficial in this kind of case. I have never seen it tried, chiefly because the real nature of the disease has more frequently been suspected than actually diagnosticated during life; but I do not think it would be of much value, as I have found the fluid serous, not purulent, and the patients have seemed to me to sink from the general acute tuberculosis, and not from the effects of the inflammation of the peritoneum.

COUNTER IRRITATION IN WHOOPING COUGH.

Dr. Inglott, district officer of the Island of Malta, writes to the *Brit. Med. Jour.* of the success which he has had in the treatment of pertussis by the application of strong counter irritation of the pneumogastric nerve between the mastoid process and the jaw. One case is quoted of the many which he has had under treatment:

G. C., a boy, æt. 12 years, of weak constitution, was suffering from frequent and intense attacks of whooping cough. At a time the fits were so vehement that blood came out of his eyes and mouth. The case was a severe one and I thought that it would very likely end fatally. I prescribed several medicines, and even subcutaneous injections of morphine, but without any avail. I then tried for the first time the counter irritation on both sides of the neck, and this means acted like magic. In four or five days the patient recovered, and was able to go to school. Since that time I have been applying the same treatment, either on th eright side only or on both, with the greatest benefit.

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MONTREAL, AUGUST, 1889.

C.M.A., BANFF.

Among the Montreal contingent will be Drs. Roddick, Gardner, Buller, Rodger, Geo. Ross, Stewart, Wilkins, Armstrong, Mount, Lachapelle, McCallum, Bell, Shepherd, F. W. Campbell, Trenholme and Fenwick. The first four mentioned have already started with the intention of "doing" British Columbia before the meeting. The number of papers promised so far is only fifteen, which, however, will furnish material for discussion. About 150 certificates have so far been issued by the General Secretary, and the indications are that the excursionists will have a good time.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The fortieth meeting of the above Association, which was held on the 25th June and three following days may be considered, from many points of view, to have been very successful. Although there was an attendance of only 700 members, these, with their families, were as many as the hotels could accommodate. Many valuable papers were read, extracts from which will appear from time to time in this journal. The next place of meeting was decided in favor of Nashville, Tennessee, on the third Tuesday in May, 1890. This year, owing to lack of good will on the part of the Old Colony Railway, which refused to grant any reduction over its short piece of road, the other roads also declined to make any reduction, but for next year the permanent secretary was instructed to make travelling arrangements in good time for the meeting. This we think will have a very considerable influence on the members attending, while it would probably pay the railroads well to carry several thousand passengers at half fare, who would not otherwise travel at all.

STRENGTH IN UNION.

It is with the greatest of pleasure that we notice that four of the leading medical journals of the United States have joined forces, namely, *The Medical Times*, *Medical Register*, *Dietetic Gazette* and *The Polyclinic*, which will in future appear weekly under the title of *The Medical Times Register*, and under the able management of Dr. Wm. F. Waugh, the former editor of *The Medical Times*.

We have already received several numbers of the consolidated journal and have had no difficulty in perceiving the great increase in value to the reader which such a combination might be expected to afford. Dr. Waugh is admitted by all to be a scholar of no mean attainments, and we can rest assured that under his management *The Times Register* will continue to be what it is now, one of the best journals in the United States. It may be of interest to intending subscribers to know that the subscription price of the four journals combined will remain the same as for one of them, namely, three dollars per annum. We also notice with pleasure that *The Medical Press of Western New York* has been merged into *The Buffalo Medical and Surgical Journal*. As the readers of papers before the Medical Editors' Association at Newport remarked, there are too many journals with small circulations depending for existence entirely

on the advertising of drug firms. Not that we have anything to say against these advertisements, for very often they furnish very interesting reading, but a journal should have enough subscribers to pay its way independently of what it may receive from this source.

BROWN-SEQUARD'S ELIXIR OF LIFE.

In these days, when one wonderful discovery rapidly succeeds another, the wisest course for the scientific man to pursue is one of expectancy. What seems impossible to-day becomes merely improbable to-morrow; and the possible of one day becomes an accomplished fact the next. So that when a man with so great a reputation for accurate observations as Brown-Sequard, to whom physiology owes so much of its present solid basis, makes a statement before a learned society, it is nothing short of folly to ridicule it, until it has been deprived of the experience of others. For years, he says, he has been engaged in studying the influence of the testicles on the organism of their owner, and he had come to the conclusion, as many others have done, that their influence is very great. By removing the testicles from a young man the whole tenor of his life is changed, and he becomes prematurely old. It is also well known that the fulness or emptiness of the seminal vesicles decides whether he will feel tame or fiery. By some it is thought that after the spermatic fluid is secreted, some of its life-giving qualities may be absorbed again by the economy, giving greater mental and physical vigor to him who husbands it than is possessed by him who spends it lavishly. Brown-Sequard has gone a step beyond. By bruising the testicles of young animals in a mortar, macerating in water and filtering the liquid, he obtains a clear juice which he injects hypodermically into aged people, with, he claims, the most remorkable results. He asserts that on his own person a few such injections have restored to him the vigor of middle age, and a Dr. Varliot, who has repeated the experiment on aged paupers, who were unaware of the treatment to which they were being subjected, assures us that the result so far has been confirmatory. Dr. Hammond, at Washington, is also experimenting, and we shall only have to wait patiently a few months in order to know exactly what the discovery is worth.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

At the triennial meeting of the College of Physicians and Surgeons of the Province of Quebec held at Laval University, Quebec, on July 10th, the President, Dr. Hingston, presiding. The Treasurer, Dr. Lachapelle, submitted his financial statement, showing that the total receipts of the College from 1st July, 1886, to 1st July, 1889, had been $16,013.03 and that, after paying all expenses, there remained a balance on hand of $4,672.64, together with five shares of the Bank of Montreal.

The thanks of the College were unanimously voted to the Treasurer for the able manner in which he had discharged his duties during the last nine years, and the meeting then proceeded to the election of forty new governors for the next three years, with the following result:

City of Quebec.—R. F. Rinfret, L. Larue, C. T. Parke A. G. Belleau, A. A. Watters and E. A. de St. George.

District of Quebec.—P. M. Guay, Come Rinfret, R. Fiset, L. H. Labrecque, L. T. Rousseau, P. E. Grandbois and A. Moiresset.

District of Three Rivers.—Hon. J. J. Ross, E. C. P. Chevrefils and F. Trudel.

City of Montreal.—T. A. Rodger and J. M. Beausoleil.

District of Montreal.—Hon. Dr. Pacquet, P. Laberge, J. O. Mousseau, J. H. L. St. Germain, J. Lippe, H. A. Mignault, Hon. Dr. Marcil, Jules Prevost and J. B. Gibson.

District of St. Francis.—Drs. J. F. Austin, F. Pare and T. Larue.

The new Board met immediately, when the president, Dr. Hingston, presented his report, which was unanimously adopted. The representatives of the universities were then named as follows:

McGill.—Drs. Craik and Geo. Ross.

Montreal School of Medicine, etc.—Drs. Hingston and Desjardins.

Laval, Quebec.—Drs. Lemieux and Simard.

Bishops.—Drs. Campbell and Perrigo.

Laval, Montreal.—Drs. Rottot and Dagenais.

The election of officers resulted as follows:—

President, Hon. Dr. J. J. Ross; Vice-Presidents, Drs. R. F. Rinfret and Gibson; Treasurer, Dr. Dagenais: Secretaries, Drs. Campbell and Belleau; Registrar, Dr. L. Larue.

Professors Laflamme, Verreault, Howe and Petry were chosen as preliminary examiners.

The following were named assessors:—

Laval, Quebec.—Drs. Sewell and Gameau.

Laval, Montreal—Drs. Marcel and Gibson.

McGill.—Drs. Austin and P. E. Migneault.

Victoria.—Drs. Angus Macdonnell and O. Raymond.

Bishops.—Drs. H. A. Migneault and Rodger.

Thanks were then voted to the retiring President, Dr. Hingston, and the other outgoing officers, and the meeting adjourned to the 25th of September next.

BOOK NOTICES.

The Therapeutic Value of Systematic Passive Respiratory Movements. By Henry Ling Taylor, M.D., New York.

The Prevention and Treatment of Crural Adduction. By Henry Ling Taylor, M.D., 201 West 45th Street, New York City.

The 75,000 Edition of American Association Journal.

This is one of the most valuable numbers we have yet received and should be carefully fyled away for reference by every one possessing a copy for the sake of the carefully prepared report by Dr. W. G. Eglestone, formerly assistant editor of the Journal, on the requirements of the various medical colleges in the United States and Canada. Besides, there is a very interesting illustrated description of Newport and environs, where the American Medical Association met this year.

The Vest Pocket Anatomist (Founded upon "Gray.") By C. Henri Leonard, A.M., M.D. 14th Revised Edition. 198 Illustrations. Containing dissection hints and visceral anatomy. The Illustrated Medical Journal Co., publishers, Detroit. Price, 75 cents.

Every demonstrator of anatomy and every student should carry a copy of this book in his coat pocket, unless he has a very large vest. Being printed on fine thin paper it contains all the information to be found in Gray's large work. The plates are the same as in the latter book. Altogether it is splendid value for the money.

The Physiology of the Domestic Animals. A Textbook for Veterinary and Medical Students and Practitioners. By Robert Meade Smith A.M. M.D., Professor of Comparative Physiology in the University of Pensylvania; Fellow of the College of Physicians and Academy of the Natural Sciences, Philadelphia; of the American Physiological Society; of the American Society of Naturalists; Associé Etranger de la Société Française d'Hygiene, etc. With over 400 illustrations. F. A. Davis, publisher, 1231 Filbert Street, Phiadellphia. 1889. Cloth, $6.00; sheep, $6.75 nett.

This is about the only book in the English language treating on the subject. Owing to the excellent system followed by Prof. Smith of depicting each physiological process in the lowest order of animals, and then following it all through the higher grades, a very comprehensive view of the matter in hand is obtained. The book is profusely illustrated, making all difficult points clear; no expense being spared in this direction. We can quite endorse the claim made for it, that it is a book for medical as well as veterinary students, for while it is a necessity for the latter it is a luxury for the former.

Further Improvents in the Treatment of Malignant Stricture of the Œsophagus. By Charters J. Symonds, M. D., M. S., Lond., &c. Assistant Surgeon to, and Surgeon in Charge of the Throat Department, Guy's Hospital; Joint Teacher of Practical Surgery in the Medical School; late Surgeon to the Evelina Hospital for Sick Children. Reprinted from *The Lancet*, March 30 and April 6, 1889.

We take more than the usual amount of pleasure in acknowledging the receipt of the above, because Mr. Symonds (not Dr., which surgeons in England scorn to be called) is a Canadian who has done honor to his country. After a grammar school education at St. John, N.B., he proceeded to London and matriculated at the University of London, in due time taking the M.D., M.S. and the two gold medals in medicine and obstetrics open to all the world. By his earnest work and pleasant manner he has reached a high position in Guy's Hospital, to which he attracts many Canadians and where he makes them feel heartily welcome. The above pamphlet marks a new era in the treatment of œsphageal stricture by means of a short tube. Any one interested could no doubt obtain a copy by addressing the author.

A Manual of Instruction for giving Swedish Movement and Massage Treatment. By Prof. Hartvig Nissen, Director of the Swedish Health Institute, Washington, D.C.; late Instructor in Physical Culture and Gymnastics at the John Hopkins University, Baltimore, Md.; author of Health by Exercise Without Apparatus. With 29 original engravings Price, $1.00 nett. F. A. Davis, publisher, 1231 Filbert Street, Philadelphia.

The author says in his preface: "Since my address on "Swedish Movement and Massage Treatment," delivered before the Clinical Society of

Maryland in March, 1888, appeared in several medical journals, I have frequently been asked by the medical profession to write a manual, and also to give instructions on the subject.

"Although there are numerous articles and books on massage, there are, to my knowledge, no manuals of Swedish movement and massage tretament in the English language which give any information how to apply the treatment in different diseases.

"As such a treatise seems to be desirable, I have tried to write a practical hand-book, describing the most useful movements, many of these illustrated by cuts, and giving in addition prescriptions for their use in those cases where they are most likely to be successfully applied in the sick-room and without any apparatus.

"I trust this will supply a need, and be accepted as a practical help in the treatment of the sick."

After perusing this little work we can heartily commend it to any who desire to master this somewhat mysterious method of treatment.

Lectures on Nervous Diseases from the Standpoint of Cerebral and Spinal Localization, and the Later Methods Employed in the Diagnosis and Treatment of these Affections. By Ambrose L. Ranney, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate School and Hospital, etc. Profusely illustrated with original diagrams and sketches in color by the author, carefully selected wood cuts and reproduced photographs of typical cases. 778 pages, octavo, cloth. $5.50. Philadelphia; F. A. Davis, publisher.

George T. Stephens, M.D., Ph.D., is the friend to whom the author dedicates this volume "as a tribute to his personal integrity and general scholarship, and, above all, to his original investigations respecting the causation and cure of functional nervous diseases." Albanians ever feel an ownership in Dr. Stevens, and are gratified at the increasing esteem in which he is held by the profession.

Under the head of "functional" nervous diseases, Dr. Ranney gives a full résumé of the researches of Dr. George T. Stevens respecting the bearings of "eye-defect" and "eye-strain" upon the etiology and treatment of these obscure conditions. The author's own extenstve observations have led him to fully endorse all that has been claimed by Dr. Stevens. He says; "I can bear strong testimony to the value of the new methods of examination and treatment suggested by him for these distressing and obstinate maladies. Like other delicaie procedures, they can only be intrusted to skillful hands, well versed in their intricacies and careful in respect to minute details. No other treatment has ever yielded me such satisfactory results in severe forms of epilepsy, hysteria, chorea, neuralgia, headache, insanity and functional visceral derangements. As no drugs were employed by me in many of these cases, the relief obtained must be attributed solely to the method of treatment referred to."

In arrangement and plan this book differs radically from others. The first part treats of those facts (anatomical, physiological and pathological) upon which the science of cerebral and spinal localization is based, and discusses the various steps which should be taken in the clinical examination of a patient, and the deductions to be drawn from the facts elicited.

Besides a full index, there is a valuable bibliography and a glossary which all students will find convenient. The illustrations are 192 in number, many of them in various colors, and in addition there are fourteen full-page diagrams and reproduced photographs of chorea.

PERSONAL.

Dr. Godin, of St. Johns, Que., has returned home after a three months' trip in Europe.

Dr. C. J. Edgar, (M.D., McGill, 1887,) has removed from Inverness to Sherbrooke.

Dr. H. S. Birkett, (M.D., McGill, 1887,) has returned to Montreal after an absence, in Europe, o nearly two years.

Dr. D. Gaherty has been transferred from the Chair of Hygiene to that of Medical Jurisprudence in Bishop's College.

We regret to announce the somewhat sudden death of Dr. Anthony Kerry, (M.D., Bishop's College, 1876,) of Montreal.

Dr. J. B. Gibson, of Cowansville, has been elected a Vice-President of the College of Physicians and Surgeons of the Province or Quebec.

Dr. James McPherson Jack, (M.D., Bishop's College, 1859,) has been appointed Lecturer on Botany in the Faculty of Medicine of Bishop's College.

Dr. George Ross has been elected by the Medical Faculty of McGill College as one of their representatives on the College of Physicians and Surgeons of Quebec, in place of the late Dr. R. P. Howard.

Dr. Weir Mitchell, of Philadelphia, Dr. A. L. Mason, of Boston, and Dr. F. Wayland Campbell, of Montreal, were among the successful salmon anglers on the famous Restigouche River this season.

Dr. Archibald Campbell, late one of the clinical resident assistants at the Montreal General Hospital, has been taken ill in Vienna with Pulmonic disease, and has been ordered to the South of France.

Dr. W. G. Johnston, Professor of Pathology in McGill University, who for the past two years has been in Europe, is, we regret to hear, ill in Vienna from blood poisoning, At last accounts we are glad to hear that he was doing well.

Dr. C. A. Wood, (M.D., Bishop's College,) and lately Professor of Pathology in his *Alma Mater*, is now at Moorfields Opthalmic Hospital, London. We are sure our readers will have enjoyed the instructive letters from his pen, written from Berlin, Vienna and London, which have appeared in the Record.

Cannabis Indica is said to be curative in supra-orbital neuralgia, dysmenorrhœa, migraine and diseases of the kidneys.—Ed. Med. Reg.

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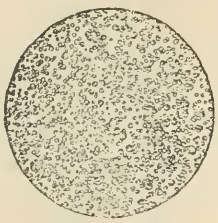

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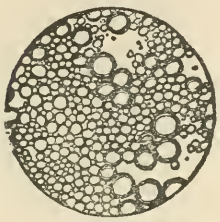

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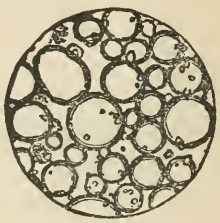

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All preparations of Cod Liver Oil, but the plain, in the market are Emulsions in some form, regardless of the name given them. *Their value and easy digestibility over the plain Oil must consist in the division of the oil globules.* Any physician who has a microscope of any power can compare COD LIVER OIL AND MILK with the various preparations of Cod Liver Oil, and he will find that the oil globules of COD LIVER OIL AND MILK are from 10 to 100 times finer than any preparation of Cod Liver Oil in the market, and 25 per cent. finer than nature's Emulsion milk. This should be the guide in the use of Cod Liver Oil with every practitioner.

MESSRS. REED & CARNRICK, New York City.—Dear Sirs: I have examined your PEPTONIZED COD LIVER OIL AND MILK microscopically, with the following result:

This preparation shows extremely minute oil globules suspended in a clear solution. The mean diameter of these globules is rather less than 0.003 m.m. (about 1-8000 inch), and the largest are not over 0.006 m.m. (about 1-4000 inch). For comparison, it may be stated that their average diamater is from one-third to one-half that of the red blood corpuscles. *These photomicrographs show their size as compared to milk and Emulsions of Cod Liver Oil in the market. They have all been photographed under exactly the same conditions.* In some of the specimens the globules, when spread out in a very thin layer, gather in clusters, giving an uneven field, but not affecting their size.

Very truly yours, JAMES R. DUGGAN, M.D., Ph. D.,
Fellow in the Johns Hopkins University, Sec'y Baltimore Micros'l Society.

ANALYSIS OF PEPTONIZED COD LIVER OIL AND MILK, by PROF. ATTFIELD, PH. D., F.C.S., etc., author of a Manual of General Medicine and Pharmaceutical Chemistry.

I have analysed PEPTONIZED COD LIVER OIL AND MILK, and find that it is exactly what the makers state it to be. The sample submitted to me has all the properties of a specimen prepared by myself, except that their machinery has produced a more perfect emulsion than my hand labor can effect. Indeed, I find, by aid of the microscope, that as regards perfection of emulsion—that is, admixture of a fatty with a non-fatty fluid—the oil in PEPTONIZED COD LIVER OIL AND MILK is in a finer state of division than the butter is in ordinary milk. (Signed) JOHN ATTFIELD.

Peptonized Cod Liver Oil and Milk is also combined with Hypophosphites of Lime and Soda.

*Of preparations of Oil on the market, No. 1 contained the largest and No. 2 the smallest oil globules next to Peptonized Cod Liver Oil and Milk, in comparison with all the other preparations of Cod Liver Oil in the market.

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